Dear_____Date_____

PLEASE PRINT NAME OF YOUR AQUAINTANCE

Girl Scouts® of Eastern Pennsylvania

I have applied for a volunteer position in Girl Scouting and have given your name as a reference. Please answer the following to the best of your knowledge. **This information will be kept strictly confidential and will be supplemented by other data for appointment purposes.** Thank you very much for your help and cooperation.

Sincerely,

_____

PLEASE PRINT YOUR NAME

GSEP REFERENCE REQUEST FORM

Name of Volunteer Applicant:

SU#: **Troop#:**	Above Average	Average	Below Average	Don't Know
Ability to work with other adults				
Ability to work directly with children				
Ability to work with other cultures, religions, the disabled and other socio-economic groups				
Ability to handle finances				
Responsible				
Clean, neat appearance				
Sense of humor				
Initiative				
Emotional maturity				
Health				
Flexibility				
Enthusiasm				
Patience				
Friendliness				
Trustworthy				
Cooperative				
Public speaking				

How long have you known this applicant?

How frequently are you in contact with this person?

Have you seen this applicant work with children? ❒ Yes ❒ No

Have you seen this applicant work with adults? ❒ Yes ❒ No

If you had a daughter would you be willing to have her under the guidance of this person?
❒ Yes ❒ No If no, why not?

Print Name: Phone: ( )

Signature Date:

Your help is greatly appreciated! Thank you for returning this form promptly! Please mail to:
Girl Scouts of Eastern Pennsylvania, P. O. Box 27540, Philadelphia, PA 19118, ATTN: Background Clearance